

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046954

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 5070

Registrar's No. 108

STATE FILE NUMBER

FILED DEC 31 1963

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Millwood township</u>		c. CITY OR TOWN <u>Lamar RR 3</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lamar RR 3</u>		d. STREET ADDRESS (If outside, give location) <u>Lamar RR 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>May</u> Last <u>Dresslaer</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/29/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia Mo</u>	
13a. FATHER'S NAME <u>Thomas Hamm</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert Dresslaer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Walter Dresslaer Lamar, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crownary occlusion</u> DUE TO (b) <u>valvular heart disease</u> DUE TO (c) <u>years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6 a.m.</u> Month, Day, Year <u>Aug. 1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Lamar, Mo.</u>	
21. I attended the deceased from <u>Aug. 1961</u> to <u>Dec 22, 1963</u> and last saw her alive on <u>Oct. 26, 1963</u>		22c. DATE SIGNED <u>12/24/63</u>	
22a. SIGNATURE <u>Elmer T. Bickel, M.D.</u>		22b. ADDRESS <u>Lamar, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 24 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St James</u>	23d. LOCATION (City, town, or county) <u>Barton Co. Mo</u>
24. FUNERAL DIRECTOR <u>Beery Funeral Home Sheldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-28-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Maria Kanantz</u>			

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

100010-028

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *S. Bernard Biezy*

Licensed Embalmer No. 4161

P. O. Address *Sheldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.